



State of Rhode Island and Providence Plantations

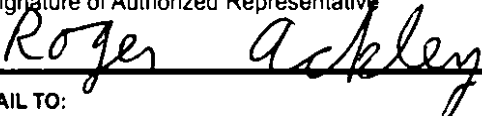
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.

 2019 FEB 14 AM 9:54
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 Annual Report for the year: **2019**
 Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000150527		2. Exact name of the Corporation R & R Vinyl, Inc.										
3. Principal Office Address 143 Union Avenue		City Harrisville	State RI									
		Zip 02830										
4. NAICS Code 423330	6. Brief description of the character of business conducted in Rhode Island Sale of vinyl products											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Roger Ackley		Vice-President Name Jenny Ackley										
Street Address 143 Union Avenue		Street Address 143 Union Avenue										
City Harrisville	State RI	City Harrisville	State RI									
Zip 02830		Zip 02830										
Secretary Name Roger Ackley		Treasurer Name Roger Ackley										
Street Address 143 Union Avenue		Street Address 143 Union Avenue										
City Harrisville	State RI	City Harrisville	State RI									
Zip 02830		Zip 02830										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Roger Ackley		Director Name										
Street Address 143 Union Avenue		Street Address										
City Harrisville	State RI	City	State									
Zip 02830		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE								
		50	Common	No Par Value								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.												
Name of Authorized Representative Roger Ackley, President		Date 2-1-2019										
Signature of Authorized Representative  SIGN DOCUMENT HERE												

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017

 BY Ch ck 983